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ABSTRACT

An earlier study found that psychology interns who experienced patient suicides reported stress levels on the Impact of Event Scale higher than those found with professional clinicians who had patient suicides. The present study is a replication of the earlier study but with a much larger sample and an attempt to assess a broader spectrum of suicidal behaviors (i.e., suicide completions, suicide attempts, and suicide ideation). Subjects were 92 male and 160 female pre-doctoral interns in clinical psychology from nine internship sites. Those subjects who had experienced a patient suicide completion, a patient suicide attempt, or a patient suicide ideation completed the Impact of Event Scale. Thirty-one subjects reported having had a patient who actually committed suicide, 73 reported having had a patient who made a suicide attempt, and 140 reported having had at least one patient who had suicidal ideation. Preliminary findings suggest that one in eight psychology graduate students experienced a patient suicide while more than one in four experienced a patient suicide attempt. As in the earlier study, the level of reported stress for those who had a patient suicide seemed to be greater for trainees than the level reported for professional clinicians in other studies. The next phase of the research will assess what helped or might have helped trainees to cope with these stresses of clinical training. (NB)

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The Stress of Patient Suicide During Training:

Preliminary Findings

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The Stress of Patient Suicide During Training:

Preliminary Findings

Abstract

In a study by Kleespies, Smith, and Becker (1990), Psychology interns who experienced patient suicides reported stress levels on the Impact of Event Scale higher than that found with professional clinicians who had patient suicides. In that study, the sample size was small and drawn from a single internship program; hence, generalizability of the findings is a question.

The present study is a replication but with a much larger sample and assesses a broader spectrum of suicidal behaviors. Preliminary findings suggest that @ 1 in 8 Psychology graduate students experienced a patient suicide while more than 1 in 4 experienced a patient suicide attempt. The study seems to be a successful replication of Kleespies, et al; i.e., the level of reported stress for those who had a patient suicide seemed to be greater for trainees than the level reported for professional clinicians in other studies. The next phase of the research (which is yet to be initiated) will assess what helped or might have helped trainees to cope with these stresses of clinical training.

The Stress of Patient Suicide During Training:

Preliminary Findings

Summary

Introduction

One school of thought among clinical supervisors is that the intern or trainee (as opposed to the professional level clinician) is protected from the emotional impact of a patient's suicide because the responsibility for the patient's treatment is ultimately in the hands of the case supervisor. Kleespies, Smith, and Becker (1990), however, have presented evidence which suggests that Psychology trainees who have lost a patient by suicide report stress levels equivalent to that found in patient samples with bereavement and higher than that found with professional clinicians who had a patient suicide. These authors also found that 1 in 6 Psychology graduate students in their sample experienced a patient's suicide at some time during their training years.

In the study by Kleespies, et al, the sample size was small and drawn from a single internship program; hence, generalizability of their findings is a question. The present study is a replication, but with a much larger sample (drawn from 11 different internship programs). The study also examines the incidence and impact of a broader spectrum of patient suicidal behaviors (i.e., suicide completions, suicide attempts, and suicidal ideation) on Psychologists during their training years. This paper reports some preliminary findings from the replication study and compares them with the findings of Kleespies, et al.

Subjects

The participants in this study are pre-doctoral Interns in Clinical Psychology during the years 1985-90. They are being drawn from 11 different internship sites in Massachusetts that are accredited by the American Psychological Association. Only data from nine of the sites is available for this preliminary analysis. Each of the internship sites has a major focus on work with adult patients; however, two sites offer experience with both adults and children. The sites included in this early analysis are three State hospital/community mental health centers, two VA Medical Centers, one private psychiatric hospital, one city hospital, one college health service, and one private mental health center.

Each of the former Interns spent one year on internship. There are 92 men (36.5%) and 160 women (63.5%) in the nine program sample. Overall, this group has a mean number of 5.3 years (SD = 1.3) of participation in a graduate level Clinical or Counseling Psychology Program (i.e., up to and including the internship year). Their mean age is 34.8 years (SD = 5.1).

Method

In Phase I of the study, the former Interns were surveyed by telephone (the screening survey). They were asked a series of questions designed to identify the experience of patient suicides, patient suicide attempts, and patients with suicidal ideation during their training years. (The classification scheme discussed by Pokorny [1974] was

utilized as a guide for classifying suicidal behaviors.) Subjects who had multiple patients with suicide attempts or suicidal ideation were asked to choose the patient whose suicide risk worried them the most. The subjects were then categorized into four groups: (1) those with a patient suicide completion, (2) those with a patient suicide attempt (but no completion), (3) those with a patient with suicidal ideation (but no attempt or completion), and (4) those with no patients who had suicidal behavior or ideation.

In Phase II, each respondent in the first three groups was asked to complete the Impact of Event Scale (IES) (Horowitz, Wilner, and Alvarez, 1979). This 15-item scale is a measure of subjective stress associated with a specific event. It contains statements pertaining to two factors observed in stress reactions: intrusive thoughts/memories of the event and avoidance of such thoughts/ memories. Each respondent was mailed two copies of the scale to fill out: one with reference to the two weeks following the patient suicide, suicide attempt, or suicidal ideation (Form I), and a second with reference to the same event but during the two weeks immediately preceding completion of the IES (Form II). The mean time elapsed between the patient suicide, suicide attempt, or suicidal ideation and completing the IES was 4.7 years (SD=3.0), 3.3 years (SD=2.3), and 3.4 years (SD=2.0) respectively.

In Phase III (which at this writing has yet to be initiated), each of the respondents who reported a patient suicide completion, and randomly selected subgroups of respondents who reported patient suicide attempts and patient suicidal ideation, will be interviewed in more detail by telephone using a semi-structured format. The purposes of this second interview will be to assess what resources the subjects used to cope with and

recover from the impact of a patient suicidal behavior or event. The interview will cover four major categories: (A) util- ization of support systems; (B) contact with the patient's family; (C) post-suicidal behavior reviews; and (D) suicide education/training.

Results

Incidence: Out of a pool of 264 former Psychology Interns from the nine internship sites, 252 were able to be located and contacted (95.5%). All 252 (or 100%) of those contacted agreed to participate in the screening survey. Nearly 97% of the participants had a patient or patients with some form of suicidal behavior or ideation during their training years. Thirty-one (or 12.3%) reported having had a patient who actually committed suicide. This is a 1:8 ratio. Only one subject had two patient suicides during training years. There were no significant sex differences among the three study groups (i.e., patient suicide completion, patient suicide attempt, and patient suicide ideation groups), $X2(2,N=244)=3.0$. In terms of age and years of training, there were no significant differences between the group with patient suicide completions and either the group with patient suicide attempts ($t[102]=0.57$ and 0.77 respectively) or the group with patient suicide ideation ($t[169]=0.73$ and 1.67 respectively).

Seventy-three (or 28.9%) of the subjects reported having had a patient who made a suicide attempt. Of this group, 27 subjects (or 37%) had more than one patient who attempted suicide. As noted above, there was no significant sex difference between this group and the other two study groups. With regard to age and years of training, it has already been noted that there were no significant differences between this group and the

group with patient suicide completions, but there were also no significant differences between this group and the group with patient suicide ideation ($t[211]=0.32$ and 1.46 respectively).

One hundred and forty (or 55.6%) of the subjects reported having had at least one patient who had suicidal ideation (but no patient with a suicide attempt or completion). Of this group, 131 (or 94%) had more than one patient with suicidal ideation, and many of them had multiple patients who reported feeling suicidal. As mentioned above, there were no significant differences in sex, age, or years of training between this group and either of the other two study groups. Only eight subjects (or 3.2%) had no patients with suicidal behaviors (completions, attempts, or ideation) during their training years.

Of the 31 subjects who had a patient suicide, 19 (or 61%) reported that the suicide occurred during their internship year, while 12 (or 39%) reported it during their pre-internship training years. With regard to subjects who had a patient suicide attempt, 44 (or 60%) reported that the attempt or, in the case of more than one patient suicide attempt, the most serious attempt occurred during their internship year. Of the subjects who solely had patients with suicidal ideation, 111 (or 79%) reported that the instance of most serious suicidal ideation was reported to them during their internship year.

Impact: All subjects in the three study groups (N=244) were mailed the two forms of the Impact of Event Scale (IES). The instructions with each form made reference to the time period being assessed. At this writing, 202 (or 83%) of the 244 possible subjects have responded. Since data collection is not complete, the available data was analyzed

using t-tests rather than analyses of variance (which will be used once all data is collected).

The results indicate a clear improvement over time in the stress level associated with a patient's suicide or suicidal behavior. The IES ratings revealed a large decrease in mean stress rating (e.g., for total scores, M=28.6, SD=11.4, for the 2 weeks after the patient suicide, and M=8.4, SD=8.7, at the time when subjects completed the IES).

In contrast to the study by Kleespies, Smith, and Becker (1990), there appear to be significant differences in IES stress levels between the three study groups. The mean IES scores for the three groups (Form I) are given in Table 1, and the t-test results for the relevant group comparisons can be found in Table 2. As might be expected, the patient suicide group had significantly higher mean IES ratings for Intrusion, Avoidance, and Total (or combined) scores than the patient suicide ideation group. The patient suicide group also had significantly higher mean IES ratings for Intrusion scores and Total scores than the patient suicide attempt group. The patient suicide attempt group, in turn, had significantly higher mean IES ratings on all three factors than the patient suicide ideation group.

The mean IES ratings for the patient suicide group and the patient suicide attempt group seem to be slightly lower than those found by Kleespies, et al (1990) (see Table 3). A comparison of the mean IES ratings in the current study with those reported in other studies in the literature (see Table 4) still supports the hypothesis that interns or trainees are more vulnerable to the stress of patient suicide/suicidal behavior than professional level clinicians, but not quite so emphatically. The mean IES ratings for the

patient suicide group in the present study are not quite so high as the mean scores given by samples of patients who had experienced bereavement or personal injury (cf. Horowitz, Wilner, and Alvarez, 1979; Zilberg, Weiss, and Horowitz, 1982), but still higher than those found by Chemtob, Hamada, Bauer, Kinney, and Torigoe (1988a; 1988b) for professional-level psychiatrists and psychologists who had experienced a patient suicide. The former trainees who had experienced a patient suicide attempt had mean intrusion and avoidance scores nearly equal to those of professional-level psychologists who actually had a patient suicide and to a nonpatient sample that had experienced bereavement (cf. Zilberg, et al., 1982).

Data collection on the issues of what interns/ trainees learn from and how they cope with and recover from the stress of a patient suicide or suicidal behavior has yet to begin, but will be reported when complete findings are available.

Discussion

According to the current study, very few psychologists (perhaps 3%) avoid confronting a patient with suicidal ideation or behavior during their training years. In this preliminary data, 1-in-8 psychology trainees/interns had the experience of an actual patient suicide. More than 1-in-4 had a patient who made a suicide attempt. Most of the remainder had a patient or patients with suicidal ideation.

The finding that 1-in-8 psychology trainees/interns had a professional relationship with a patient who committed suicide is a somewhat lower estimate than the 1-in-6 ratio reported by Kleespies, Smith, and Becker (1990). The sample used by Kleespies, et al.,

however, was approximately one-fifth the size of the current sample; thus, generalizability from the present data seems more reliable.

The 1-in-8 ratio of patient suicides for psychology trainees/interns is considerably lower than the 1-in-4 to 1-in-3 ratio reported by Brown (1987) for psychiatric residents. Like Kleespies, et al., Brown had a small and somewhat restricted sample, and the generalizability of his findings may also be questionable.

It is worth noting that the majority of the more serious patient suicidal behaviors were encountered, perhaps not unexpectedly, during internship training as opposed to pre-internship training. The contrast between pre-internship and internship is heightened when we consider that pre-internship training usually occurs over a 3-4 year span, while internship training usually occurs over a single year. These facts should not lead graduate programs to be unconcerned about the occurrence of serious patient suicidal behavior during pre-internship training, but it should lead internship programs to be aware that interns are more likely to have to deal with the more seriously suicidal patient.

The preliminary findings of the current study support the findings of Kleespies, et al., (1990) that interns or trainees seem more vulnerable to the stress of patient suicide/suicidal behavior than professional level clinicians. The fact that the IES mean ratings are lower in the present study than in the study by Kleespies, et al., may be attributable to the larger sample size, and to the greater diversity of internship sites and patient populations assessed in the current study.

In the study by Kleespies, et al., IES differences between the patient suicide group and the patient suicide attempt group were not significant. In contrast, the significant

differences found between the patient suicide group, the patient suicide attempt group, and the patient suicide ideation group in the present study are consistent with the expectation of greater stress associated with the experience of more serious patient suicidal behavior. This, of course, is not to deny that certain instances of suicidal ideation or suicidal threat can be very stress inducing while certain suicide attempts might lead to only a minimal stress reaction.

The next phase of this research will attempt to assess what trainees/interns learn from work with the suicidal patient, how they coped with a patient suicide or suicide attempt, what helped them to do so, what other things might have also helped, what resources their programs had available to aid in the learning and coping process. The findings of this phase, as well as the complete data from the phases mentioned above, will be reported in a future communication.

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Table 1

Impact of Event Scale Mean Scores (Form I)*

Group	Intrusion	Avoidance	Total
Patient Suicide			
M	16.5	12.1	28.6
SD	7.4	7.4	11.4
Patient Suicide Attempt			
M	12.2	9.2	21.4
SD	6.5	5.5	9.3
Patient Suicide Ideation			
M	9.3	6.1	15.5
SD	5.9	4.6	8.5

* Form I asks for IES ratings for the two weeks after the suicidal event/behavior.

Table 2

t-tests with Group Means on Impact of Event Scale (Form I)

Groups	Intrusion	Avoidance	Total
Patient Suicide vs. Patient Suicide Ideation (df=143)	4.93**	4.23**	5.90**
Patient Suicide vs. Patient Suicide Attempt (df=86)	2.79*	1.90	3.17*
Patient Suicide Attempt vs. Patient Suicide Ideation (df=171)	2.96*	3.90**	4.15**

* significant at .01 level of probability
** significant at .001 level of probability

Table 3

Patient Suicide and Patient Suicide Attempt Group Means in Kleespies, Smith, and Becker (1990) and Kleespies (1991)

Study	Patient Suicide		Patient Suicide Attempt	
Kleespies, et al. (1990)	Intrusion	Avoidance	Intrusion	Avoidance
M	20.0	13.4	15.5	10.3
SD	10.3	6.7	4.3	5.9
Kleespies (1991)				
M	16.5	12.1	12.2	9.2
SD	7.4	7.4	6.5	5.5

Table 4

Comparison with Impact of Event Scale Reference Groups

				Intrusion		Avoidance	
Study	Population	N	Stressor	M	SD	M	SD
Horowitz, et al (1979)	Patients	66	Loss, Injury	21.4	9.6	18.2	10.8
Zilberg, et al (1982)	Patients	35	Loss	21.2	7.9	20.8	10.2
Kleespies (1991)	Psychology Interns	29	Patient Suicide	16.5	7.4	12.1	7.4
Chemtob, et al (1988a)	Psychia-trists	131	Patient Suicide	14.3	9.1	10.3	9.3
Zilberg, et al (1982)	Non-Patients	37	Loss	13.5	9.1	9.4	9.6
Chemtob, et al (1988b)	Psychol-ogists	81	Patient Suicide	13.3	9.0	8.9	6.6
Kleespies (1991)	Psychology Interns	58	Pt. Suicide Attempt	12.2	6.5	9.2	5.5
Kleespies (1991)	Psychology Interns	115	Pt. Suicide Ideation	9.3	5.9	6.1	4.6
Horowitz, et al(1979)	Female Med Students	35	Cadaver Dissection	6.1	5.3	6.6	7.0
Horowitz, et al(1979)	Male Med Students	75	Cadaver Dissection	2.5	3.0	4.4	5.3